

A real vax lot anomaly? - UPDATE!

There's a vax lot with higher association with anaphylaxis... and it's not 041L20A.



Jessica Rose

Dec 18

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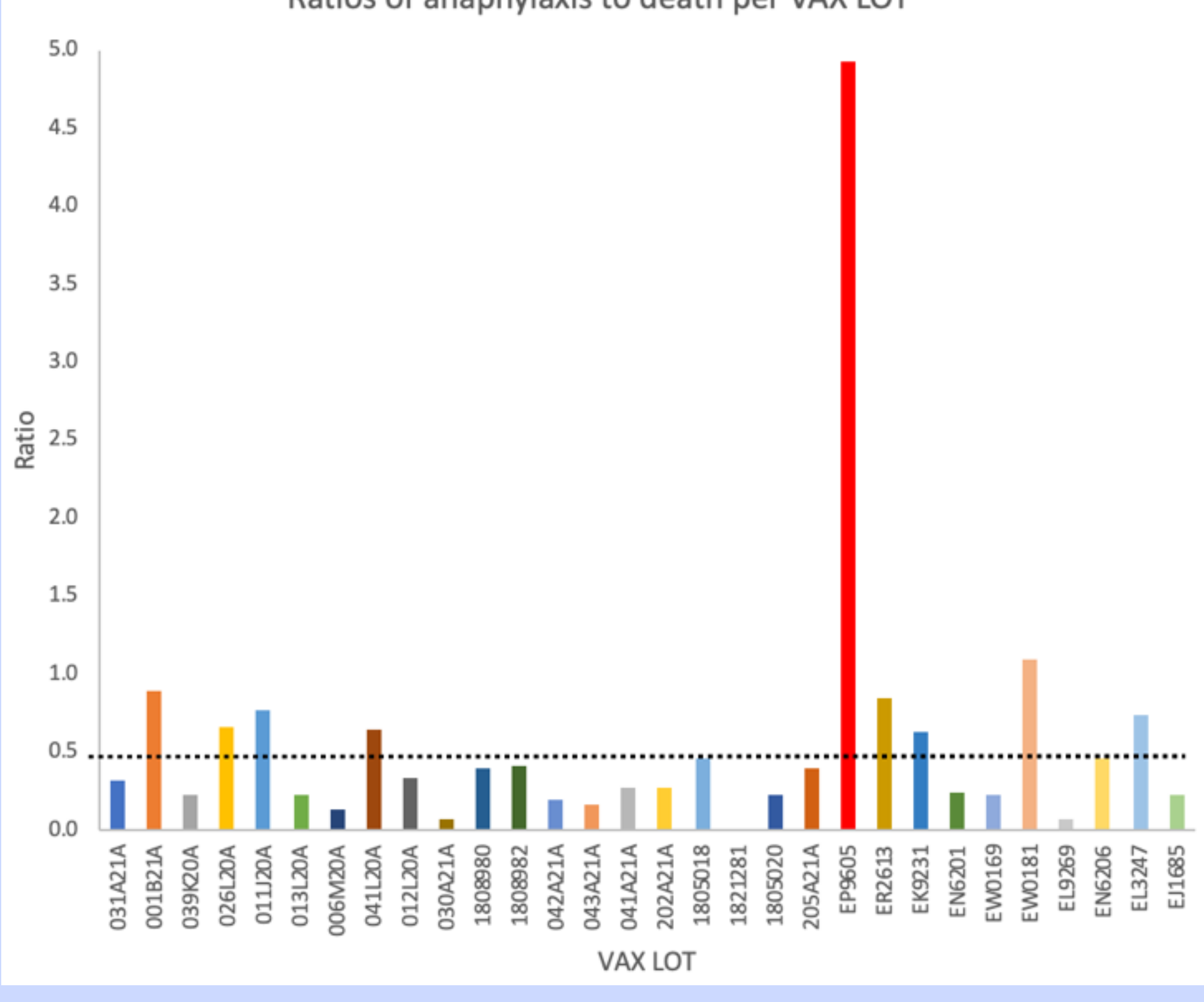




Update: I was prompted to look at the reporting location of the vax lots for the anaphylaxis reports based on the anomaly reported herein, and it turns out that the off chance under reporting thing I mentioned as a reason for the anomaly is very likely the reason for it. The vax lot EP9605 was only administered in foreign regions (FR - not necessarily France) and the reports came from there. All but 2 of them: one was reported in Georgia and one had no location listed. I would guess, that the reporting rates of adverse events are simply better in foreign countries and this would explain the anomaly.

I was prompted to look into this following reading a [Substack](#) from Vinu Arumugham the other day. He made an interesting point about the ratios of two adverse events being different between vax lots. I decided I would reproduce what he was showing and to take it further. I didn't take it as far as I will, but this is a good start.

Before I start, I am more in the camp that believes that most of the variation *perceived* between vax lots (in VAERS) can be attributed to differences in distribution and administration. However, check this out.



So what this bar plot shows are the ratios of the total number of reports of anaphylaxis to total number of reports of death, per vax lot. Now, it is important to understand how examining the ratios removes any deceptiveness that might be included with regard to vax lot size. Picture this: You have 100 reports of anaphylaxis and n doses in a particular vax lot. So you have $100/n$ reports of anaphylaxis. You also have 10 reports of death and n doses once again, since it is the same vax lot. So you have $10/n$ reports of death. Thus, you have a ratio of $100:10$ (10:1) reports of anaphylaxis for vax lot 'A' that includes n doses of product. If you calculated this ratio for a number of vax lots and found anomalies between these ratios, ie: if the ratio was inverted for example in a particular vax lot, then this would not be explainable by vax lot size variation.

An inversion is precisely what was found by Vinu and confirmed here for the vax lot EP9605. It is very anomalous, in fact.

What could explain this anomaly?

The only explanation besides the off chance that underreporting is playing a role, is that this particular vax lot EP9605 has properties that makes it induce more anaphylactic reactions than all the other 29 vax lots that I used for this example.

Perhaps this vax lot was manufactured poorly and the PEG manifested in higher concentrations. Or maybe the LNPs were larger. I don't know.

I am going to go deeper on this and look into far more adverse event types and more vax lots.

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24 Comments



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RussCR5187Dec 18·edited Dec 18

There's no doubt in my mind that vax lots are being manufactured poorly. Pardon the repetition, but the following is much too important to let die.


The covid "vaccination" program (Operation Warp Speed) is actually being run under the National Security Council, with the DOD serving as Operating Officer and the HHS only serving in an advisory (more like propaganda) role. Roughly sixty military officials are in leadership and decision-making roles, making it look more like a military operation than a science-based effort. The pharma companies are restricted to mostly providing R&D, prototypes, and demonstrations. The DOD's own long-established suppliers are actually manufacturing and distributing the products.

For playing their role the pharma companies, which are being micro-managed by the DOD, have received billions of taxpayer dollars while the government purchases millions of doses in advance and then stockpiles them or throws them out for lack of arms to put them in as demand wanes.


Three key pieces of legislation are being used to pull it all off non-transparently and without much fear of liability or annoying regulation:

1. Emergency Use Authorization (1997 under Clinton). EUA declarations are at the sole discretion of one person, the HHS Secretary. He/she does not need any supporting scientific evidence and need only voice a belief that the product MAY be effective. EUA declarations bypass the FDA's safety and efficacy regulations by redefining pharma products military style as "medical countermeasures" rather than pharmaceuticals. Countermeasures do not legally require clinical investigation in order to be approved, so the kind of sham investigations we are seeing are clearly meant for show. The FDA is fully aware of all this, but continues to deceptively pretend the products are pharmaceuticals under their regulation.

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Even if these damn poisons were categorically benign, if not the World Curing Panacea they are sold as, it is maddeningly infuriating that these bastards are completely ignoring EVERY indication of danger.

There has to be hell to pay at some point for the complicit and even the incompetently culpable.

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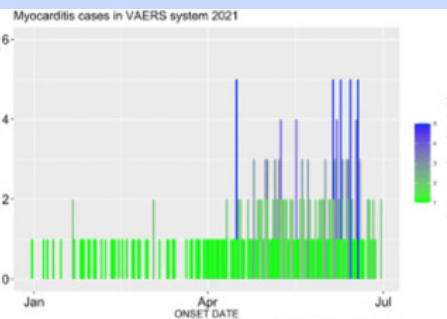




This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.





This particular note spoke loudly to me and this lovely person gave me permission to share her words.


JESSICA ROSEJUL 17 · 1,641 · 230 ·  · 



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable...





Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH

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Rewrite: Let's tag team this until everybody understands

The modified spike protein is dangerous and for very specific reasons.

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